



Check Appropriate Box: ☐ Permit Application (Complete Parts A and B)
☐ Report of Change (Complete Parts A, E, and F)
☐ Report of Installation (Complete Parts A, D, and F)

F	Permit No. To be Assigned by Olympia Service Center
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A Applying or Reporting Agency	State Route	Milepost	Control Section	WSDOT Region	70% Rule By <input type="checkbox"/> Speed <input type="checkbox"/> Population	
	Location / Cross Street		County	City	City Population	
Signal Type - Check Appropriate Boxes <input type="checkbox"/> Conventional <input type="checkbox"/> Intersection Control Beacon <input type="checkbox"/> Ramp Meter <input type="checkbox"/> School <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Moveable Bridges <input type="checkbox"/> Reverse Lane <input type="checkbox"/> Temporary						
B Applying Agency - Application Information	Agency		Applicant Name		Date	
	Address		City	State	Zip Code	
	Warrant Checklist		Hours Met			
	<input type="checkbox"/> 1. Minimum Vehicular Volume <input type="checkbox"/> 2. Interruption of Continuous Traffic <input type="checkbox"/> 3. Minimum Pedestrian Volume <input type="checkbox"/> 4. School Crossings <input type="checkbox"/> 5. Progressive Movement <input type="checkbox"/> 6. Accident Experience <input type="checkbox"/> 7. Systems		<input type="checkbox"/> 8. Combination of Warrants <input type="checkbox"/> 9. Four Hour Volume <input type="checkbox"/> 10. Peak Hour Delay <input type="checkbox"/> 11. Peak Hour Volume <input type="checkbox"/> 12. Non-MUTCD Warrant <input type="checkbox"/> 13. Other			
Support Data Checklist - Check appropriate boxes and describe the problem being addressed by this installation <input type="checkbox"/> Vehicular Volume Counts <input type="checkbox"/> Intersection Sketch <input type="checkbox"/> Projected Volumes <input type="checkbox"/> Speed Study <input type="checkbox"/> Pedestrian Volume Counts <input type="checkbox"/> Warrant Analysis <input type="checkbox"/> Gap Study <input type="checkbox"/> Accident Study						
Problem Statement						
C Region Authorization	Under authority of RCW 46.61.085, the above described installation is authorized.					
	Regional Administrator Signature		Approval Date			
Conditions of Permit						
D Operating Agency	Report of Installation (Fill in Agreement Number if Owning Agency does not operate and/or maintain the signal)					
	Turn-On Date	Agency Owning Signal		Agency Operating Signal		
	Control Type <input type="checkbox"/> Cyclic <input type="checkbox"/> Flashing	Agency Maintaining Signal		Agreement Number		
E Operating Agency	Report of Change (Report change in Type of Signal, Type of Control, or if signal was removed)					
	Signal Type Changed From _____ To _____				Date Changed	
	Control Type Changed From _____ To _____				Date Changed	
	Date Signal Removed	Reported By		Title	Date	